Partners in Policymaking Academy A program of the Governor's Council for People with Disabilities

Appearance



INITIAL SURVEY

Name: _							
Partners in	Pol		Please and	swer the ques	stions to the b	pest of your a	or to the start of ability providing sure growth.
or gene	ral s	ver contacted ocial service mate the num	related is	ssue prior to l	Partners?	YES	
Public	Cor	ntact (e.g., may	yor,	Estimated	Estimated	Estimated	Estimated
Official	scho	ool board, sena e or local agen	itor,	# of letters	# of visits	# of calls	# e-mails
Local	stati	or local agen	cy, cic.)				
State							
Federal							
Other							
		opportunities e, or to educa	•				e for yourself or
Opportunit	ty	Topic/ Issue	# of times	Competency Excellent	Competency Good	Competency Fair	Competency Poor
Testified a hearing	.t						
Presented t	to						
Presented a conference							
Served on Committee							
TV or Rad	io						

3. Please rate your current skills and level of expertise in the following areas.

Current Skills and Abilities	Excellent	Good	Fair	Poor	N/A
Securing appropriate services self/family					
Assisting others to secure services					
Advocating to policy makers on issues					
Leading a group or committee					

Circle your	response:
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٠.	Do you know the names	of your state	Senator and	l Representative?
		☐ Yes	□ No	
	Do you know the names	of your feder	ral Senator a	and Representative?
		☐ Yes	□ No	
ó.	Are you registered to vot	e? □ Yes	□ No	
•	Did you vote in the last e	lection? □ Yes	□ No	
.	Do you know where you	r polling plac	ce is?	
		☐ Yes	□ No	☐ I vote absentee ballet
١.	Is your polling place acco	essible?		
		☐ Yes	□ No	☐ I don't know
0.	Please list any organizati	ons you are a	a member of	f and any office you hold.
1.	What do you believe are disabilities and their fam		_	tant issues facing people wi